



EZ Rider Card Cancellation Form

Patron Information

First Name	M.I.	Last Name	
Street	City	State	Zip Code
EZ Rider Card Number			
Daytime Phone	Evening Phone	Email Address	

Reason for Card Cancellation

Note: All EZ Rider Card refunds will be credited to your credit card account on file.

Signature	Date
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For Office Use Only

Application ID#: _____	Initial Directed Autoload: \$ _____
Application Fee: \$ _____	First Directed Autoload?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Directed Autoload: \$ _____	Unprocessed Directed Autoload: \$ _____
Unsettled Threshold Autoload: \$ _____	Adjusted Balance: \$ _____
Purse Balance: \$ _____	EZ Rider Card Returned?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Refund Amount after Discount: \$ _____	CSR: _____
Request Received Date/Time: _____	CSR: _____
Processed Date/Time: _____	

PLEASE RETURN EZ RIDER CARD WITH THIS FORM TO:

BART EZ Rider Administration Center • 300 Lakeside Dr., 22nd Floor, Oakland, CA 94612 • Ph: 510-464-6474 • www.bart.gov





EZ Rider Card Balance Adjustment Form

Patron Information

First Name	M.I.	Last Name	
Street	City	State	Zip Code
EZ Rider Card Number			
Daytime Phone	Evening Phone	Email Address	

Requested Adjustment

Reason: _____

Amount: \$ _____

Signature _____ Date _____

For Office Use Only

Application ID#: _____	
Purse Balance: \$ _____	Amount Adjusted: \$ _____
Request Received Date/Time: _____	CSR: _____
Processed Date/Time: _____	CSR: _____



EZ Rider Card Account Update Form

CURRENT Contact Information

Customer Name: First _____ M.I. _____ Last _____

Mailing Address: Street _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Email Address _____

CURRENT Billing Information

Name on Credit Card: First _____ M.I. _____ Last _____

Billing Address: Street _____ City _____ State _____ Zip Code _____

Credit Card Number: _____ Expiration Date: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

INSTRUCTION: COMPLETE ONLY SECTIONS REQUIRING A CHANGE, THEN SIGN AND DATE BELOW.

NEW Contact Information

Customer Name: First _____ M.I. _____ Last _____

Mailing Address: Street _____ City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____ Email Address _____

NEW Billing Information

☐ Check here if billing and mailing address are the same

Name on Credit Card: First _____ M.I. _____ Last _____

Billing Address: Street _____ City _____ State _____ Zip Code _____

Credit Card Number: _____ Expiration Date: _____

Card Type: ☐ Visa ☐ MasterCard ☐ Discover

By signature below, I authorize the Bay Area Rapid Transit District ("District") to charge my credit card account whenever my EZ Rider Card balance drops below the threshold amount. My credit card will be charged \$45.00 to replenish the EZ Rider Card balance by \$48.00.

Signature: _____ Date: _____

For Office Use Only

Application ID#: _____ Received Date/Time: _____ CSR: _____ Processed Date/Time: _____ CSR: _____